

TO/SB/05
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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No.	20191.707
		First Inventor or Application Identifier	Illah Nourbakhsh
		Title	Method and Apparatus For Long-Range Planning
		Express Mail Label No.	EL 757543082 US

P-10
U.S.P.T.O.
07/05/01

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO:
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>		Commissioner for Patents Box Patent Application Washington, DC 20231
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		7. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
3. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed-Sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Detailed Description of the Drawings - Detailed Description - Claim(s)		a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
4. <input checked="" type="checkbox"/> Drawing(s) (37CFR 1.152) <i>[Total Sheets 21]</i>		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. <input checked="" type="checkbox"/> Oath or Declaration <i>[Total Pages 5]</i>		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i>		11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Citations Statement (IDS) PTO-1449
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		13. <input type="checkbox"/> Preliminary Amendment
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. ____/____		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
Prior application information: Examiner _____ Group/Art Unit: _____		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
		16. <input type="checkbox"/> Other: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		021971	<input type="checkbox"/> Correspondence address below
(Insert Customer No. or Attach bar code label here)			
NAME			
ADDRESS			
CITY	STATE	ZIP CODE	
COUNTRY	TELEPHONE	FAX	

Name (Print/Type)	Michael C. Matzen	Registration No. (Attorney/Agent)	46,901
Signature	<i>Michael C. Matzen</i>	Date	July 5, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

Document#

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 1146.00)*Complete if Known*

Application Number	Not yet Assigned
Filing Date	Herewith
First Named Inventor	Illah Nourbakhsh
Examiner Name	Not Yet Assigned
Group/Art Unit	Not yet Assigned
Attorney Docket Number	20191-707

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 23-2415 (Docket No. 20191-707)

Deposit Account Name Wilson Sonsini Goodrich & Rosati

Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

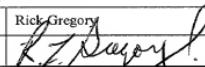
2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	Fee Paid
105	130	205	65	SurchARGE - late filing fee or oath		
127	50	227	25	SurchARGE - late provisional filing fee or cover sheet		
139	130	139	130	Non-English specification		
147	2,520	147	2,520	For filing a request for reexamination		
112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
115	110	215	55	Extension for reply within first month		
116	390	216	195	Extension for reply within second month		
117	890	217	445	Extension for reply within third month		
118	1,390	218	695	Extension for reply within fourth month		
128	1,890	228	945	Extension for reply within fifth month		
119	310	219	155	Notice of Appeal		
120	310	220	155	Filing a brief in support of an appeal		
121	270	221	135	Request for oral hearing		
138	1,510	138	1,510	Petition to institute a public use proceeding		
140	110	240	55	Petition to revive - unavoidable		
141	1,240	241	620	Petition to revive - unintentional		
142	1,240	242	620	Utility issue fee (or reissue)		
Total Claims	42	-20** =	22	× 18.00 =	396.00	
Independent Claims	3	-3** =	0	×	= 0	
Multiple Dependent						
SUBTOTAL (1)				(\$)	710.00	
2. EXTRA CLAIM FEES		Extra Claims	Fee from below	Fee Paid		
Total Claims	42	-20** =	22	× 18.00 =	396.00	
Independent Claims	3	-3** =	0	×	= 0	
Multiple Dependent						
SUBTOTAL (2)				(\$)	396.00	
Other fee (specify)					25	Request for Corrected Filing Receipt
Other fee (specify)					55/110	Terminal Disclaimer
* Reduced by Basic Filing Fee Paid					SUBTOTAL (3)	(\$ 40.00)

SUBMITTED BY*Complete if applicable*

Name (<i>Print/Type</i>)	Rick Gregory	Registration No. (Attorney/Agent)	42,607	Telephone	650-493-9300
Signature		Date	July 5, 2001	Customer No.	021971

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